PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
ТО	TAL CLAIMS		32		-			RATE	FEE		RATE	FEE
FO			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	了 Zminus 20=		. / 8			X\$ 9=		OR	X\$18=	3/6
INDEPENDENT CLAIMS 7 minus					4			X40=		OR	X80=	770 -
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter						olumn 2		TÖTAL	ner medicina	OR	TOTAL	1246
CLAIMS AS AMENDED - PART (Column 1) (Column						(Column 3)	<u>)</u>	SMALL E	NTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING - AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT -EXTRA -		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 1114	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							Į	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								//DD11.1 LL [•		·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	,
AME	Independent	*	Minus	***]=	╝	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
·								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	·	Minus	***	T OL 4114	=	4	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/8423/6

				<u> </u>					<u> </u>	70	<u> </u>	
		CLAIMS AS	S FILED - PART I (Column 1) (Colu			mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FO	R		NUMBER	FILED	NUMBER EXTRA			BASIC FEE	\$375	OR	BASIC FEE	\$750
то	TAL CHARGEA	BLE CLAIMS	<i>31</i> min	nus 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	[D mi	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2		TOTAL		OR OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER TH				
_		(Column 1)CLAIMS	·	(Colur HIGH		(Column 3)	l .a	JIIALL		9. J	OMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F 01 A 11 A	= .		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY						J	+140=		OR	+280=	
	ט	LOI MY	AIL/ADL		プアY			TOTAL			TOTAL	
		(O - 1, 4)		(O-l)	0\	(Caluma 0)	•	ADDIT. FEE		10.,	ADDIT. FEE	
 -		(Column 1) CLAIMS		(Colur		(Column 3)	1 6			, ·		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	CLAINA	=		X42=	-	OR	X84=	
<u> </u>		BEST AV				- }	'	+140=		OR	+280=	
•	:					•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<u></u>	·	(Column 1)		(Colur		(Column 3)	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	DEPENDENT CLAIM			 		-	OH		
								+140=		OR	+280=	
**	 If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
I	The "Highest Nu-	shor Proviously Po	id Ear" /Tatal a	e ladanasid	ont) in the	u, unter u. L'hiahaat aumba	r for	nd in the and	ropriato bas	امم من	umo 1	